

**CITY OF SALINA, KANSAS  
INDUSTRIAL SURVEY QUESTIONNAIRE**

Please answer all questions as accurately and completely as possible.  
(See Attachment A, instructions)

**A. GENERAL INFORMATION**

1. Facility Name \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Facility Location (Address) \_\_\_\_\_
4. Phone Number \_\_\_\_\_
5. No. of Employees \_\_\_\_\_

**B. INDUSTRIAL PROCESSES INFORMATION**

1. Describe raw materials, including chemicals, used by your facility in manufacturing activities. Specify the approximate amount(s) of material(s) used in a typical working day.
2. Describe principal product(s) manufactured and the approximate amount(s) produced in a typical working day. List the appropriate Standard Industrial Classification (SIC) code for each product manufactured (if known).
3. Are you subject to any of the EPA industrial categories with pretreatment standards?  
(See Attachment B)

\_\_\_\_\_ If no, please state reason.

\_\_\_\_\_ If yes, specify applicable standard.

\_\_\_\_\_ Not certain.

**C. RAW WATER SOURCE AND TREATMENT**

**1. Source**

\_\_\_\_\_ City \_\_\_\_\_ gpd

\_\_\_\_\_ Private Wells \_\_\_\_\_ gpd

\_\_\_\_\_ Other (Specify) \_\_\_\_\_ gpd

**TOTAL** \_\_\_\_\_ gpd

**2. Type of Private\* Water Treatment**

\_\_\_\_\_ None Sanitary \_\_\_\_\_ gpd

\_\_\_\_\_ Water Softening \_\_\_\_\_ gpd

\_\_\_\_\_ Reverse Osmosis \_\_\_\_\_ gpd

\_\_\_\_\_ Ion-Exchange \_\_\_\_\_ gpd

\_\_\_\_\_ Other \_\_\_\_\_ gpd

**TOTAL** \_\_\_\_\_ gpd

\*Treatment performed by your facility

**D. WASTEWATER CHARACTERISTICS Maximum Capacity**

**1. Type of Discharge**

**QUANTITY**

\_\_\_\_\_ Sanitary (toilets, sinks, etc.) \_\_\_\_\_ gpd

\_\_\_\_\_ Process Wastewater (specify) \_\_\_\_\_ gpd

\_\_\_\_\_ Cooling Water (non contact) \_\_\_\_\_ gpd

\_\_\_\_\_ Cooling Water (contact) \_\_\_\_\_ gpd

\_\_\_\_\_ Cooling Tower Blowdown \_\_\_\_\_ gpd

\_\_\_\_\_ Boiler Feed \_\_\_\_\_ gpd

\_\_\_\_\_ Washdown (floors, vehicles, etc.) \_\_\_\_\_ gpd

\_\_\_\_\_ Other (specify) \_\_\_\_\_ gpd

**TOTAL** \_\_\_\_\_ gpd

2. <u>Disposal Method</u>	<u>Specify Name</u>	<u>Quantity</u>
_____ Municipal Sewer	_____	_____ gpd
_____ Natural Outlet (stream, lake, etc.)	_____	_____ gpd
_____ Waste Hauler	_____	_____ gpd
_____ Evaporation (lagoon)	_____	_____ gpd
_____ Disposal Well	<u>Locations:</u> _____	_____ gpd
_____ Septic Tank System	_____	_____ gpd
_____ Other (specify)	_____	_____ gpd

3. If you only discharge sanitary (restroom, toilets, sink) wastes to a municipal sewer, lagoon, or septic tank system, please indicate below and advance to section H of this questionnaire.

Yes/No (circle one)

4. Do you only discharge wastes directly to a stream or river (by storm drain)?

Yes/No (circle one)

If so, provide your NPDES permit number.

#### E. INDUSTRIAL EFFLUENT INFORMATION

If your facility generates and discharges any wastes to a municipal sewer other than sanitary wastes, please indicate accordingly and provide the follow information requested below:

Yes/No (circle one)

##### 1. Connections

Number of connections (discharge points) to the municipal sewer. Is your discharge(s) intermittent or continuous?

**2. Pretreatment**

A flow schematic of your sewer system identifying the routes of all wastes, sampling manholes and locations of any pretreatment facilities. If pretreatment facilities are used, describe the method of treatment provided for each waste. (Example: neutralization, chemical precipitation, etc.)

**3. Sampling Data**

Attach any available (recent) sampling data (BOD, TSS, oil and grease) of your waste. Minimum and maximum values of pollutants in (mg/L) may be used if large amounts of data exist.

**4. Chemicals**

Please check any chemicals (toxicants) listed in Appendix B (attached) which are being used in your facility during the manufacture of products listed in Section B of this questionnaire. Specify the quantity of chemicals used per year and describe how they are used.

**5. Toxics in Discharge**

Are any of the toxicants used by your facility mentioned in Appendix B (attached), discharged directly or indirectly (as by-product) to the municipal sewer? If so, in what concentration(s) (estimate).

**F. CERTIFICATION**

I certify to the best of my knowledge and belief, the information contained in this questionnaire is true, complete and accurate.

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Date

Please return the completed questionnaire to:

City of Salina  
Wastewater Treatment Plant  
596 N. Marymount Rd.  
Salina, Kansas 67401

ATTN: Don Glick  
Wastewater Quality Coordinator